

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 197	
County of <u>Hila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	City of _____	Co. Registrar's No. <u>91</u>	
(No. _____ St. _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Juana Gamboa</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Female</u>	Twins, Triplets or other _____	and	Number in order of birth <u>5</u>
Legitimate? <u>yes</u>	Date of Birth <u>Jan. 27 - 1920</u>	Month	Day
FATHER		MOTHER	
Full Name <u>Antenacio Gamboa</u>	Full Maiden Name <u>Josua Rozalez</u>		
Residence <u>Miami - Arizona</u>	Residence <u>Miami - Arizona</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>35</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>32</u> Years
Birthplace <u>Salinas - Mex</u>	Birthplace <u>Salinas - Mex</u>		
Occupation <u>Road Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>5</u>	Number of Children, of this mother, now living <u>5</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Jan. 27, 1920</u> , at <u>8:30 P.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		Signature <u>Cyril M. Cron M.D.</u>	
Given or Christian name added from a _____		Address <u>Miami - Ariz.</u>	
supplemental report _____ 191	Filed <u>2-4-20</u> 191	LOCAL REGISTRAR.	
<u>171-127-199</u>	A True Copy	<u>B. G. Fox</u>	
COUNTY REGISTRAR.	Filed <u>2-10-20</u> 192	COUNTY REGISTRAR.	